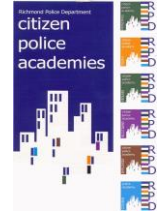


CITIZENS POLICE ACADEMY Application

Please Read Carefully Before Proceeding



Please type or print legibly. All applications that are incomplete and/or unsigned will not be accepted. There is no charge for admission into the Richmond Citizens Police Academy. Completed applications should be mailed, emailed or faxed to:

Richmond Police Department
CYIS Division, Room 421
Attn: Citizens Police Academy
200 West Grace Street
Richmond, VA 23220
Email: RPDCares@richmondgov.com
Fax (804) 646-4299

Date: _____

Date of Birth: _____

Personal Information

Name:	Sex:	Race:
Complete Home Address:		
Mobile Telephone:		
E-mail Address:		
Twitter, if applicable:		
Are you currently enrolled in college/university? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please list name of college/university:</i>		
<i>Please list name of college/university academic major/minor:</i>		
Do You Have Any Impairment(s) (Include Pregnancy)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please list:</i>		

Emergency Contact Name:
Telephone:

Background

Please explain briefly why you wish to attend the City of Richmond Citizens Police Academy: _____

Please list any associations, clubs, or organizations you are affiliated with: _____

Please review your answers carefully and read the statement below before signing this application.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any misrepresentations, omissions or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the City of Richmond Citizens Police Academy.

Applicant's Signature

Date

